

Lake Forest Soccer Association

Scouts Summer Camp 2008



Summer Camp is a fun training opportunity for children 7-12 years old. Foot drills and small sided games teach young players fundamentals and tactical situations. Camp sessions will be full of structured activities in a safe and supervised atmosphere by Lake Forest Soccer Association's professional trainers.

Learn the game at the Right age and the Right way from the Right Trainers!

Camp Director:

Oktay Akgun: LFSA Director of Coaching and FC United Girls' Director of Coaching. Oktay was named the 2006 Girl's Coach of the Year by the Illinois Youth Soccer Association. He played college and professional soccer in Turkey. He's currently an Olympic Development Program (ODP)/Illinois State Select Head Coach and a US Youth Soccer Regional Staff Coach. He has a USSF "A" License and a USSF National Youth License.

<u>Dates:</u>	<u>Days:</u>	<u>Times:</u>	<u>Ages:</u>	<u>Gender:</u>	<u>Location:</u>	<u>Cost:</u>
June 16-June 20	Mon-Fri	9:00-3:00 p.m. (Full Day)	7-12	Boys and Girls	Everett Park	\$275*
		9:00-12:00 (Half Day)	7-14	Boys and Girls	Everett Park	\$150**

<u>Dates:</u>	<u>Days:</u>	<u>Times:</u>	<u>Ages:</u>	<u>Gender:</u>	<u>Location:</u>	<u>Cost:</u>
July 14-July 18	Mon-Fri	9:00-3:00 p.m. (Full Day)	7-12	Boys and Girls	Everett Park	\$275*
		9:00-12:00 (Half Day)	7-14	Boys and Girls	Everett Park	\$150**

Full Day Camp includes: Soccer Ball, T-shirt and Lunch
Half Day Camp includes: camp T-shirt

* \$500 if player is signed up for both weeks.
** \$275 if player is signed up for both weeks.

Questions? Call the LFSA Office at 847-778-LFSA
or e-mail us at: LFSA_Office@sbcglobal.net

Send registration and Make Check Payable to:
Lake Forest Soccer Association
29860 N. Skokie Highway, Lake Bluff, 60044

TO REGISTER, PLEASE FILL OUT THE FOLLOWING

Name _____ Age _____ D.O.B. _____ Gender M F
Parent's Names _____ Phone (home/cell) _____
Address _____ City, ST, Zip _____
e-mail _____ Emergency Contact _____

PLEASE CHECK BOXES BELOW FOR YOUR CHOICE OF CAMP DATES

June 18-22 ☐ Full Day ☐ Half Day
July 16-20 ☐ Full Day ☐ Half Day

PLEASE CHECK APPROPRIATE SIZE CAMP T-SHIRT

☐ Youth ☐ Adult
☐ S ☐ M ☐ L ☐ XL

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER BEGINS PARTICIPATION. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Lake Forest Soccer Association, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

(revised
1/15/04)

Parent's Signature _____ Date _____

NOTE: THERE WILL BE NO REFUNDS FOR CAMP CANCELLATION DUE TO THE WEATHER. PLEASE ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK TO EXPEDITE MEDICAL TREATMENT.

PERMISSION: On behalf of myself or my son/daughter, I hereby grant permission to the Lake Forest Soccer Association and its authorized agents to use myself or my son/daughter's photograph, any videotape, motion pictures, recordings or any other record of myself or my son/daughter's participation at the Lake Forest Scouts Soccer Camps, Inc for any promotional purpose. Further, I hereby waive, on behalf of myself or my son/daughter, the right to any fees or compensation related to such use.

Parent's Signature _____ Date _____